

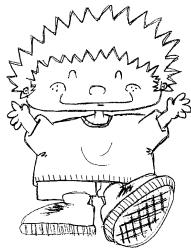
**City of San Jose Healthy Neighborhoods Lifestyle Survey**  
**Child Asset Development Survey for 5-9 Year Olds FY 2009-10**  
**Agency Name—Program Identification (Opt.)**

Please fill in child's birth date: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ Today's Date: \_\_\_\_\_

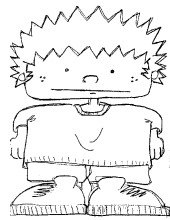
Please give us the first and last initials of child's name: First Initial \_\_\_\_ Last Initial \_\_\_\_

**Please put an X on the picture that says what you think:**

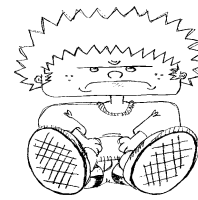
**1. I can say no to things I shouldn't do.**



**Yes**

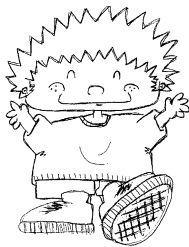


**Sometimes**

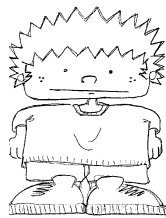


**No**

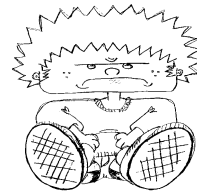
**2. I feel good about the things I can do.**



**Yes**

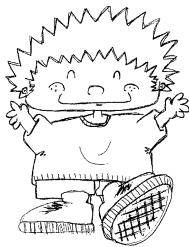


**Some things**

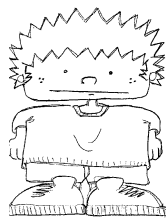


**No**

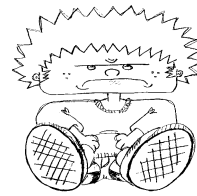
**3. I feel good about myself.**



**Yes**



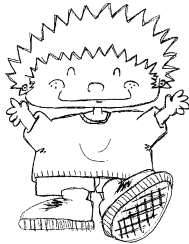
**Sometimes**



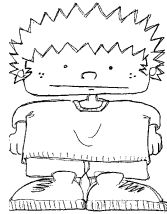
**No**

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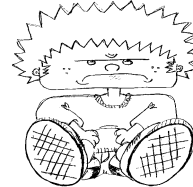
**4. I feel safe at my school.**



**Yes**

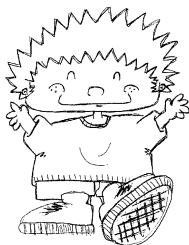


**Sometimes**

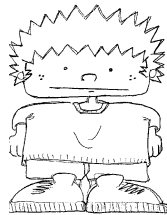


**No**

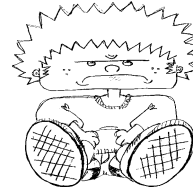
**5. I feel safe in my neighborhood.**



**Yes**

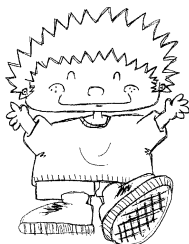


**Sometimes**

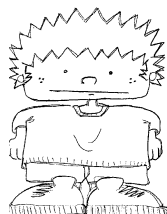


**No**

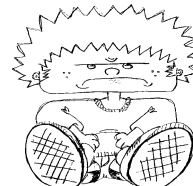
**6. I feel loved and cared for at home.**



**Yes**



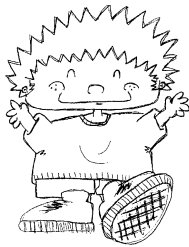
**Sometimes**



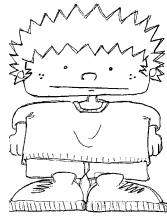
**No**

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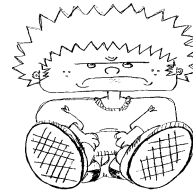
**7. In my family, I feel close to an adult family member who helps me out.**



**Yes**

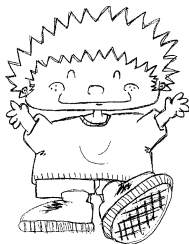


**Sometimes**

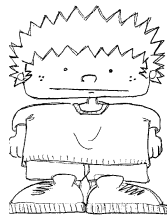


**No**

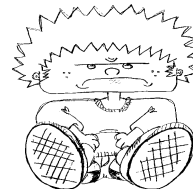
**8. My teachers at school really care about me.**



**Yes**

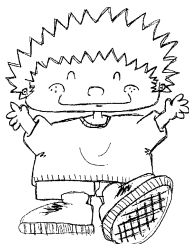


**Some of them**

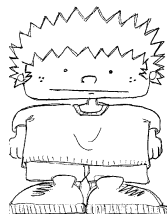


**No**

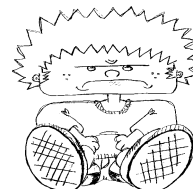
**9. I like my neighborhood where I live.**



**Yes**



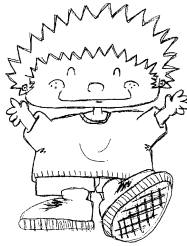
**A little**



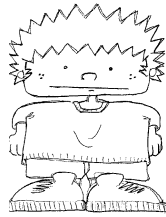
**No**

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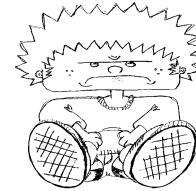
**10. I belong to a team or youth group where I feel accepted.**



**Yes**



**Some of the time**



**No**